GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:146
ANSWERED ON:29.10.2008
REPRODUCTIVE AND CHILD HEALTH PROGRAMME
Joshi Shri Pralhad Venkatesh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has implemented the Reproductive and Child Health programme (RCH);

(b) if so,the details thereof including the total budgetary allocations made during the last three years and the current year,State-wise;

(c) whether the Government has also evaluated the progress of this programme;

(d) if so,the outcome thereof;

(e) if not,the reasons therefor;

(f) the details of the States where the RCH programme needs intensive implementation;

(g) whether the Government proposes to give special packages for the implementation of the said programme in these States during the Eleventh Plan; and

(h) if so,the details thereof?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE(DR. ANBUMANI RAMADOSS)

(a)to(h): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 146 FOR 29.10.2008

(a) &(b): Yes, Sir.

RCH-I Programme

The Reproductive and Child Health Phase−I (RCH-I) programme was launched by the Government of India in 1997,covering a wide gamut of issues like safe motherhood,child health and other reproductive health issues. The main objectives of the programme were to improve reproductive and child health outcomes, to strengthen public investments in health, to improve program management at district and block levels and to respond to the unarticulated demand for basic RCH care services, especially among women and other vulnerable groups.

RCH-II Programme

The RCH-II, a flagship programme of the Government of India on Reproductive,Child and Maternal health, was launched by the Government of India in April 2005 under National Rural Health Mission (NRHM).This programme has been reoriented and revitalized to give a pro-outcome and pro-poor focus.It aims at reducing the Maternal Mortality Ratio,the Infant Mortality Rate and Total Fertility Rate.Salient features of the Programme

This programme evolves a shared vision and a common programme encompassing the entire Family Welfare Secto lending a strong focus on results,especially improving the use of RCH services by the poorest and the underserved population and thereby contributing to the national and international goals.This takes into account needs as identified in the district plans and available capacities.This programme also allows states to have greater flexibility to use the allocated funds and enhance accountability to results by allocating a part of the funds to the achievement of agreed results.At the same time,use of innovative approaches and enhancing the participation o f the private and the NGO sector are hallmarks of this programme.The programme is envisaged as an umbrella program by integrating all the related and interlinked stand alone schemes into a single composite programme.The programme has adopted a sector-wide approach in the family welfare sector.

Implementation of the Programme

The RCH Programme is being implemented with Flexible programming approach with a view to moving away from prescriptive

scheme based micro-planning and instead allowing States to develop need based work plans with freedom to decide upon programme inputs;pool financing strategy is being adopted for donor funding to simplify and rationalize the process of accessing external assistance. The Year-wise and State-wise details of the Allocations for the last three years and the current year are annexed.

(c)to(e): Evaluation of RCH-II Programme

The regular monitoring and evaluation of the Phase-II by the Government include bi-annual Joint Review Missions (JRM).Five bi-annual JRMs have been held so far.These have shown that considerable progress has been made in various indicators e.g. increase in institutional deliveries etc.

(f)to(h): The performance levels of different states show variations ranging from very high levels to low levels of achievement.The reasons for the variations in performance are based in the deep-rooted socio-cultural and geographic features that are very peculiar to a country like India. To take into account the variations,it has been realized that a 'one-size fit all' strategy may not suffice and hence a differential approach for a group of states at homogenous levels of achievements have been taken in the design of the program.

Under the programme,the States/UTs are allowed to prepare their need based annual plans in the form of yearly State Programme Implementation Plans (PIPs) which are considered in the Ministry by National Programme Coordination Committee(NPCC) and accordingly,approvals are communicated to the States and funds released. There are 18 high focus states which receive special attention.Besides this, further special package in the 11th Plan is considered for implementing this programme for special States.However,the programme has adopted a decentralized process by inviting each State/UT to prepare their own Programme Implementation Plans,based upon a situational analysis of ground realities and requirements.The States are encouraged to evolve district plans with clear objectives of each district having its own plan as per schedule to be laid down by the States/Union Territories themselves. The above features vest the responsibility for planning,implementation, monitoring and evaluation of the programme with the States.

Janani Suraksha Yojana (JSY),a component of RCH-II Programme,focuses on the poor pregnant woman with special dispensationz for states having low institutional delivery rate.The states of Uttar Pradesh, Uttrakhand, Bihar, Jharkhand, Madhya Pradesh,Chattisgarh, Assam, Orissa, Rajasthan and Jammu & Kashmir have been classified as Low Performing States (LPS) and the remaining states have been named as High performing States (HPS).The concept of differential cash assistance with respect to Low Performing States (LPS) and High Performing States (HPS) is being followed under JSY.

The scale of Cash Assistance (in Rs) for Institutional Delivery is as under:-

	Rural Area		Urban Area	
Category	Mother's Package	ASHA Package	Mother's Package	ASHA Package
In LPS	1400	600	1000	200
In HPS	700	600		